# St. Bartholomew's Hospital Journal.

VOL. VIII.—NO. 10.] JULY, 1901. [PRICE SIXPENCE.

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## St. Bartholomew's Hospital Journal,

*JULY,* 1901.

"Æquam memento rebus in arduis
Servare mentem."—*Horace,* Book ii, Ode iii.

## A Clinical Lecture.

By Dr. HENSLEY.

GENTLEMEN,—I propose to call your attention to-day to a case of considerable interest which is under my care in Colston Ward at the present time, in which we have had the opportunity of seeing great changes take place while he has been under observation.

The case is one of a man aged thirty, a fireman (in gas-works), who was admitted to Colston on June 8th this year.

The history of his troubles only dates back to last Christmas, when he seems to have had some cough and difficulty of breathing; this increased gradually, and for some months he has not felt fit for his work, which involves very heavy manual labour.

During this time he has had vague pains about the chest which perhaps ought not to be considered to have any connection with his present condition.

So far as his family history is concerned there is evidence of a good deal of tubercular disease among his near relations.

His condition when first admitted was as follows:—A well-made, powerful man, rather drawn about the face, his tongue clean, his respirations natural and easy, 24, pulse 72, good volume, equal in the two wrists, arteries not thickened. Temperature normal. We may consider that on the whole there was nothing much to note about his aspect except that he did not look quite so robust and healthy as a working man should.

On examining his chest no abnormal dilatation of the veins was seen; the skin looked healthy, but the movement on the left side was distinctly deficient; the apex beat of the heart was very feeble, scarcely to be seen and barely felt in the fifth interspace about three quarters of an inch to the left of the sternum, rather further in than may be considered normal; the area of cardiac dulness was correspondingly diminished, not extending further to the right than usual, and, if anything, not so high as in the majority of cases. The sounds were clear at the apex, the base, and over the aortic and pulmonary valves; in fact, there were nowhere any abnormal heart sounds.

The right side of the chest on percussion showed good resonance all over, unless it was a little impaired at the upper part of the sternum. The breathing and voice sounds were natural, and the liver dulness reached to the usual limits.

On the left side resonance was said to be normal except at the apex; there was marked impairment in the supra-clavicular region, where there was faint bronchial breathing, but no crepitations or added sounds. The vocal vibration

was a little exaggerated and the vocal resonance modified, being somewhat louder.

As one passed away from the apex the breathing was lost completely; no added sounds were heard, no tinkling, no bell sounds—nothing but absence of breathing.

The heart sounds were not abnormally conducted in any direction.

In the abdomen nothing unnatural was noted, and elsewhere everything was normal.

This was the condition when first seen; when I first saw him two days later I thought the resonance on the left side was somewhat different all over from that on the right, being generally slightly deficient; this, however, was not well marked, otherwise his physical signs were as I have already described.

Here, then, in this case you have four main signs to be interpreted:

1st.—The absence of breathing and voice sounds on the left side except at the apex.

2nd.—The resonance either natural as at first thought, or slightly altered as I found it.

3rd.—The deficient movement.

4th.—The position of the heart whether displaced as a whole to the right, or but slightly displaced to the right, being in the main normal.

Now to pass to a discussion of the diagnosis of the case. The first suggestion was pneumothorax—a view that I believe Dr. Herringham, who saw the case in the first instance, was inclined to adopt; at the time that I saw the man I could not accept this; I thought it was possible, but did not on the whole lean to it.

Taken by itself the absence of breathing on the left side would do for pneumothorax, but in such a case there would at some time be sure to be added sounds—amphoric breathing, tinkling, bell sound, or some reverberatory sounds, perhaps not present at first; but on repeated examination some unnatural sound would almost certainly be heard. It would be most unusual to go on without some variation to attract attention.

Then resonance in pneumothorax, though not different at first, commonly, at one time or another, varies very considerably from that over normal lung; but in this case we never got a high-pitched note as in pneumothorax.

Deficient movement one would expect in pneumothorax, but not early signs of collapse such as were present here. Again, the history was against it; in pneumothorax there has usually been either some indication of chest disease, tubercular or other, for some time past, or a sudden respiratory difficulty, with perhaps a sense of something giving way within the thorax, or both of these.

I think cases without some such signs as these must be rare.

In this instance it seemed to me that the resonance on the left side must be lung resonance, not pleural; if so, what was the condition giving rise to it?

It would seem most probable that the lung was expanding but little—doing so in such a way that breathing was inaudible; if so, under what conditions does the breathing become inaudible? for this is often the case.

For, apart from incompetence on the part of the auscultator, there are some cases in which the breath sounds are inaudible, sometimes permanently, at others only temporarily.

There are some people whose breathing is so quiet that, under ordinary circumstances, it is very difficult to catch any sound whatever. There are people who in health breathe "as quietly as a cat walks," and others, in other respects apparently normal, who breathe "like a motor car." Apart from these there are some who, temporarily, breathe asymmetrically. I think this asymmetry of breathing occurs not infrequently as a more or less temporary phenomenon among children quite healthy, and may be due to some difference in attitude or to unequal movement of the limbs, so that the breathing is loud on one side and inaudible on the other.

One may, I think, confidently assert that this phenomenon is due to inequality, either of air exchange and movement in the lungs, or of the blood passage through them; all of which may take place within the limits of health.

If inaudible breathing is found under natural conditions it will not require much to bring it about in disease.

The changes that might produce this effect on the lungs may act either circumferentially or upon the trunk parts. Leaving out changes in the lungs that may affect them circumferentially, *e.g.*, emphysema, which affects the distal portions, the air vesicles, one passes to consider the causes that may affect them—I do not like to say necessarily by pressure, but by some action on the trunk parts.

Under such circumstances there is a stage where there is the beginning of collapse, but the condition has not advanced so far as to be complete.

When a lung becomes partly collapsed there are changes in movement; the breathing is intrinsically less and less audible, and, in addition, not so well conducted as in compression of fluid; yet, until the lung is quite empty of air, one may suppose that there is air exchange, but that it is inaudible.

I think there is no doubt you meet with this often in children in whom there are temporary lung collapses.

At times, too, one finds signs of limited collapse which in a short while passes off. I cannot tell why this occurs, but the fact remains: parts of the lungs seem to be, as it were, resting. In children difficulties in the tube, blocking by mucus, and various other changes occur which lead to deficient air entry and partial collapse of the lung beyond. They may arise suddenly with urgent symptoms from im-

pacted foreign bodies, when one would at once recognise a "trunk difficulty," or more gradually without causing immediate distress. The inaudible breathing depends in these cases on "trunk difficulties" and partial collapse slowly operating on the air tubes and on the blood-vessels, perhaps leading to diminished blood flow and consequent adjustory changes in the lungs.

I am inclined, on these grounds, to accept the idea in the case we are discussing that the inaudible breathing was due to "trunk difficulties" acting through the air passages and the blood supply, for one may lose the breath sounds before there are decided signs of pulmonary collapse.

We will now go on to consider the further history of this case.

The patient went on pretty comfortably for the first day or two without pain or difficulty of breathing; no cough or expectoration, the temperature remaining normal.

On June 11th the patient began to complain early in the evening, shortly after his supper, of pains about the chest generally, but commencing in the epigastrium. As this might have been due to dyspepsia he was given a carminative. At 11 p.m. he was in great pain, which he located under the angle of the left scapula, not collapsed, but his face very drawn. Pulse rate and respirations had not altered, but on examining the chest the heart's apex beat was seen just inside the nipple line in the fifth interspace, with obvious pulsation on the left of the sternum extending up to the second rib cartilage on the left. There was no absolute dulness over the præcordium, but a *faint* systolic bruit was heard over the second and third spaces (left), conducted a short way to the left, and not in any other direction; this was new. The note was more impaired over the whole left side, and there was distinct beginning of dulness at the left base behind near the posterior axillary line.

The stomach resonance reached, perhaps, a little higher than is usual.

Belladonna fomentations were ordered, and he was left until 2 a.m.

At 2 a.m. he was seen again. The pain had increased, and the man was sitting upright in bed, rocking himself to and fro.

His face was very drawn, and the extremities rather cold; the breathing had not altered (still 24), and the pulse rate was unchanged—72, but rather smaller volume. Temperature normal; retching a good deal, and coughing a hard, almost ringing, cough. There was vigorous pulsation found this time on the left side of the sternum, from second rib cartilage to a point one inch outside the nipple line in the fifth space. There was also a *loud* systolic bruit in the second and third spaces (left) close to the sternum, conducted to the left.

The note over the whole left side was more impaired, and no breath sounds were heard, except at the extreme apex. The right side of the chest and the abdomen remained natural.

The treatment adopted was a hypodermic injection of morphia, and ice-bag to the chest (the latter he did not tolerate). Things quieted down in a short while, and he remained without change of symptoms during the rest of the night, except for vomiting once.

So he went on until the 14th, when there was very little change in the signs, except that round the root of each lung behind there was a slight alteration in breathing, a faint bronchial character becoming evident; the man himself was much more comfortable.

On June 15th the left radial pulse was thought to be decidedly smaller than the right.

On the 21st he was complaining less of pain in the back, but had it in the left shoulder, shooting down the left arm. His voice was quite hoarse. No dyspnœa. Temperature, pulse, and respirations unchanged. The pulses were only unequal on the one day, the 15th.

Dulness had become more marked on the left side, especially under the outer end of the clavicle, and increasing steadily at the base behind, reaching nearly to the spine of the scapula. There was complete absence of breathing, except at the extreme apex, back and front, and about the root of the lung, where there was a slightly larger area of bronchial breathing than formerly (this alteration was present, too, on the right side).

The area of pulsation in front was not changed, but the heart-sounds were more clearly conducted to the back.

On the whole I considered the left side more airless, without increase of the cardiac indications.

Since July 1st one has been satisfied that there is a definite inequality of the radial pulses. The deficiency in movement on the left side of the chest is more obvious, and the dulness more absolute; the pulsation on the left of the sternum is unchanged, but the systolic murmur is now heard on the right of the sternum in the third space, while the heart-sounds are more loudly conducted to the back; there is an increase in the area of bronchial breathing round the root of both lungs. The stomach resonance is rising higher, and rendering the left base less dull than formerly.

Now, gentlemen, you see from the earlier description one was inclined to ascribe this man's condition to something affecting the trunk parts of the lung—either a growth, an aneurysm, or may be something leading to a partial blocking from within.

All the symptoms noted seem to tend in the direction of aneurysm; but what is the cause of the increasing dulness of the left side?

Collapse partly, no doubt, and increasing fluid in the pleural cavity; I think that the diminished movement would indicate increasing collapse.

Then there has been pain in the back, in the shoulder,

and shooting down the arm, such as one meets with in aneurysm of the last part of the arch and beginning of the descending aorta. Moreover the pulsation, murmur, and inequality of pulses are all in favour of aneurysm; so that I think it not improbable that the patient is suffering from aneurysm, perhaps a dissecting or multiple aneurysm.

As regards the changes that took place that night, on June 11th, we may suppose that some rupture occurred, that there was bleeding from an aneurysm or from the aorta separating the inner and outer coats, which led, not to increased trunk difficulty in the lung, but to an alteration in the position of the heart; for that was the most striking of the new elements introduced. I think we must regard this as a case of aneurysm of the aorta at the further part of the arch, possibly involving also the descending portion, in which there was either an escape of blood from the aneurysm or a fresh break-out of blood in a dissecting aneurysm, leading to a change in the heart's position.

I have looked in the Museum to see whether there is any specimen showing pulmonary collapse from pressure of an aneurysm about the root of the lung, but there is nothing displaying that change; this one, however (No. 1483*a*), is the nearest approach to such a condition. It is from a case that I had the opportunity of seeing at the City Road Chest Hospital, and it is described in the catalogue as follows:

"Portion of a left lung the upper lobe of which is compressed and destroyed by a large aneurysm. The lower lobe is merely collapsed; the upper lobe is so compressed that it forms but a thin shell, incorporated with the wall of the aneurysmal sac, but still recognisable by its pigmentation. It is airless, dense, and fibrous. The cavity of the aneurysm is filled with laminated clots. It is traversed by an irregular channel, through which the aortic blood-stream flowed.

"From a man, æt. 50, who had suffered for three years from shortness of breath and other symptoms pointing to aneurysm. The physical signs were unusual. When the patient came under observation a month before his death there was a round pulsating tumour to the right of the sternum, over which the heart sounds were plainly heard. There was slight uniform bulging over the upper part of the left side of the chest, with absolute dulness to percussion, and a much impaired note lower down. The cardiac impulse could not be felt. The left vocal cord was paralysed. The patient died from rupture of the aneurysm into the left pleura.

"Post mortem it was found that there was an aneurysm of the first part of the arch, which had given rise to the tumour to the right of the sternum. Behind this aneurysm lay the heart entirely to the right of the sternum. The left side of the chest was entirely occupied by a large aneurysm formed by dilatation of the whole aorta from the second part of the arch to one inch from the diaphragm. This had compressed the upper lobe of the left lung, as shown in the specimen."

This specimen is chiefly interesting as showing how the heart got displaced.

In our case in Colston we have not got anything like this, and in most cases of dissecting aneurysm I cannot find that they led to compression or collapse of the lungs. Death, moreover, usually occurs suddenly, but there is no case in the Museum, nor can I find one recorded elsewhere, in which there was a history like this one, where one may suppose that there had been some escape of blood from the aneurysm, which the patient got over completely and died long after; though I will not venture to predict that this man, albeit he has recovered from the immediate effects of whatever happened, will survive to a good old age.

## Impressions of a Short Visit to Jamaica.

By L. J. PICTON, M.B.

AT the beginning of the nineteenth century Jamaica was almost a synonym for wealth and luxury. By the end of it England had almost forgotten its existence. The abolition of slavery had produced new conditions of labour which entirely upset the old *regime;* then the competition of beet sugar, supported by bounties, made sugar-cane cultivation on the old lines unprofitable. These two reasons, coupled with the diversion of colonising energy into new channels of the growing Empire, explain the fall of Jamaican prosperity, and how it came to pass that if people at home remembered their West Indian island at all, they thought of her as a poor relation always in difficulties and wanting help.

To a stranger on a brief visit the idea of the island's poverty seems ludicrous. A first view of the mountainous outline, rounded and clothed from shore to peak with trees, conveys an impression of unlimited fertility; and such closer knowledge as is got by long buggy drives into the country seems a lesson in high farming by unaided nature. The ex-slave neither needs nor cares to work much. The soil easily supplies him with yams and plantains; by "working" Wednesday and Thursday he earns a couple of shillings. On Friday he goes off to his "grounds," the little patch he has cleared in the forest by burning the trees, and where he has scratched the soil and planted a few roots. Of these there are more than enough for his own use, and the surplus he sells in the market on Saturday. The remainder of the week he "rests" from these arduous labours. With Friday spent at the grounds, Saturday at market, and Monday and Tuesday in "rest," the week is somewhat curtailed from the point of view of the employer of labour.

The labour difficulty is real enough, but it has been overcome by different persons in different ways. Perhaps the best way is by tactful management and thorough knowledge of the black people. One "busha" or "overseer"—the first word is the corruption of the second—will get absolute and unquestioned obedience from his labourers, where another will be rendered helpless by their irregularity of attendance and entire unreliability. A good busha of the old school will stand at some point which commands a view of his estate, and talk in a conversational tone, appa-

rently to the air, requesting "Mr. So-and-so" to fetch out the Maltese donkey, and "Mr. Somebody-else" to be so good as to take three other men and drive a mob of horses into the yard; and it is not until a couple of black men, who are standing a hundred and fifty yards away, move off and obey the orders, that a stranger realises how much of the wild man's acuteness of hearing remains to the "black people," and to what a degree of dog-like fidelity they can be brought.

At Montpellier good management seems to have solved the labour problem on a large scale. The property has been in the hands of the family who at present own it for over two hundred years, and to judge by the prosperous appearance and respectful manner of the people, and the regularity with which they troop into the tobacco fields when work should begin, the secret of their management has been mastered.

In other parts of the island, however, planters have given up the black people as hopeless, and have been importing coolies from India to take their place. The coolies work regularly, for they are brought by the Government under a system euphemistically called "apprenticeship." The Government sees that they are fed, paid, housed, and put in hospital if sick. When they are well, prison is the only alternative to work. After a term of years they become free once more, and usually return to India with considerable savings. Physically, they are far inferior to the muscular black people, from whom they remain, in dress, manners, and religion, absolutely separate.

The coolies frequently suffer severely with ague, and bad cases of malarial cachexia are sent back to India, the planter paying the £17 passage money. Their finer skin renders the Hindoos more subject than the negroes to the "cane itch," a curious traumatic eczema caused by the friction of the fine saw edge of the sugar-cane leaf.

The disposition of the negro to do no more work than he can help, and to be easily content with a simple life, is a bar to the rapid progress of the island.

It also has, occasionally, two indirect results of some medical interest. The negro is poor in money, so he eats little meat. Yams, plantains, koko roots, and so on, he can have for the trouble of digging them up, the only outlay on agriculture he need make is 1*s.* 3*d.* for a "machete" or cutlas, which is at once his pruning hook and spade, and withal his sword, if need be. His diet of vegetables and fruits is fairly plentiful, then, but not very nutritious. Yams are probably pretty near potatoes in chemical constitution, and Burge points out that seven kilos. of the latter must be consumed for 100 grms. of proteid to be absorbed. Again, Hutchison mentions that assuming an average banana weighs 45 grms. without the skin, about 160 bananas would have to be eaten a day to obtain an amount of proteid requisite for physiological equilibrium. Without supposing that the dietary of a Jamaican approaches these amounts, it is, nevertheless, obvious that to live at all on such fare a very large amount must be eaten; and it is owing to this fact that dilatation of the stomach is a relatively common occurrence among the black people. It is usually accompanied by a very marked melancholy, foreign to the nature of the black.

It is also to their bulky vegetable diet that Jamaican surgeons attribute the frequency of cases of volvulus of the sigmoid flexure amongst the black people. As at home the incidence of this affection is chiefly on middle-aged men; but whilst in England volvulus accounts for 5 per cent. of all cases of intestinal obstruction, in Jamaica it probably constitutes a much larger proportion. Many cases have been operated upon in recent years at the Kingston Hospital, and although it is rare that they are brought for treatment early a large majority of the cases have recovered. One patient, for instance, who had been successfully operated upon for volvulus of the sigmoid of three days' duration in 1896, by Dr. Lockett, was suddenly taken ill again at midnight on October 22nd, 1897. He continued in great distress till the 25th, when he rode five miles on a mule to the District Medical Officer. He was then driven some miles to the capital, when Dr. Lockett once more successfully operated on him.

A group of diseases very common in the Kingstown Hospital has been by custom classified as "malarial neuritis." In the opinion of the present medical officers, however, this diagnosis is certainly wrong; and for these maladies, as for dilated stomach and volvulus, they hold the black man's diet responsible; but in a different way. In this case they suppose the fault lies, not in the bulk, but in the starvation allowance, together with some poisonous quality in the food. Their supposition is built upon the facts that the disease occurs in half-starved individuals, and that it closely resembles the description of the diseases Pellagra and Lathyrism.

Pellagra, as readers of the JOURNAL will recollect, occurs in Lombardy, and is there attributed to a disease of the Indian-corn meal, from which polenta, the staple food of the Italian peasant, is made. Lathyrism occurs in famine time in India, when the people take to eating vetch seeds. In both there are certain nervous disturbances, and in the former, as its name implies ("pelle," skin; "agro," rough), there are trophic lesions. The justice of the comparison between these diseases and the West Indian form, whose identity has been hitherto lost under the title of "malarial neuritis," will be easily seen on considering the features of the latter.*

It is characterised by symmetrical trophic lesions on the

* *Vide* Dr. G. V. Lockett, 'Proceedings of the Jamaica Branch of the British Medical Association,' 1897, p. 25. Since the date of that paper, however, Dr. Lockett has greatly increased our knowledge of the disease.

extensor aspects of the wrists and the front of the ankles, paræsthesiæ, diarrhœa, wasting, and anæmia.

It occurs especially in adult females, though it is not infrequent in males. The patients are always poor, and usually half starved.

The skin lesion begins as a "pigmented patch—brown in the lighter coloured (patients), black in the blacks—resulting in a desquamation by flakes or in small scales, and leaving a pigmented border, which is abrupt on its inner side, and fades imperceptibly into the colour of the skin on its outer side, which border often lasts six months or more" (Lockett).

In addition there is numbness in the hands and feet, and a feeling as if the ground were "spongy," as one patient expressed it. The numbness especially attends the onset of the skin lesions.

There is no actual paralysis, but the patient's movements are ataxic owing to the numbness of the limbs. The knee-jerks are sometimes absent. At the height of the disease the patient is miserably weak and ill, and the skin of the negro, glossy in health, becomes dull. Apathy is very characteristic, and may drift into a permanent melancholia; and a certain proportion of the cases find their way to the lunatic asylum. The lips are dry, but the angles of the mouth sodden. The tongue is glazed, and there is nausea. The belly is tender, and there is watery diarrhœa. Post mortem the gut mucosa is said to be atro phied.

With good food, rest, and care recovery may be complete in two or three months.

Dr. P. O. Malabre stated in conversation that quinine is of no value in the disease, but that arsenic is very useful.

In some cases the disease may begin in the manner described, but come to take on a very different complexion. All the features of a combined sclerosis of the spinal cord may be developed, especially of spastic paraplegia. The difference from the ordinary forms of these diseases consists in the complete or nearly complete recovery of the patient. The cases should, no doubt, be classed as toxic combined scleroses, such as are well known in pellagra.

Though malaria in Jamaica has now been exonerated from the charge of causing these curious food intoxications, it still accounts for a considerable proportion of the illness in that island. It occurs, however, chiefly in the low-lying districts near the coast, especially in the mangrove swamps about the mouth of a river. It may be of interest to mention that the Jamaicans propose to join in the general war that has been declared on the mosquito, by destroying his home, the wild pine. This plant, which resembles a small aloe, is parasitic on forest trees, and is to be seen "manning the yards," so to speak, of the giant cotton trees in every part of the island. The spaces between the bases of the leaves are filled with water by rain and dew, and the thick waxy leaves prevent the sun from drying it up. It is said that these moist places are the favourite homes of the mosquito, and that to be rid of the pest every wild pine in Jamaica should be destroyed.

Yellow fever, the Vomito prieto (black vomit) of the Spaniard, makes a visitation every now and then to the island, but apparently less often than in former years. It never penetrates to the hills, however, and even an elevation of 1000 feet guarantees comparative safety. Mr. Froude has described the difference between the condition of the troops at Fort Augusta, on the shores of Kingston Harbour, a station which had the reputation of killing the whole of one regiment with the exception of the sergeant-major and a drummer boy, and the high rate of health, but miserably monotonous existence, in the present barracks of the English soldiers, which are literally up in the clouds at Newcastle, a few steep miles from Kingston.

But any precautions are justified against so terrible a disease as yellow fever. Conversation with a physician who has worked through an outbreak of it, and even reading the vivid description of an attack in "Tom Cringle's Log" (Chapters X. and XI.), in which the peculiar mental state of agonised alertness is well brought out, bring forcibly home to one's mind the former conditions of service in the West Indies, conditions which rendered promotion almost as rapid as on a battle-field.

Many cases of the disease called Yaws (Frambœsia) are to be seen in Jamaican hospitals. In March and April last there was a considerable epidemic of it in an orphanage in the capital, for the disease usually affects children, amongst whom it is very contagious. The eruption comes out after about a week of slight fever and rheumatic pains. In the eight or nine cases seen it was scattered over the body, but not on the face. The lesion begins as a branny patch about the size of a threepenny piece. These patches itch and papules appear in them, and burst. The gummy exudation from the papules extends over the whole patch, and dries to form a crust. In six weeks the crust falls off and a pigmented spot is left. The disease is not fatal, though, if asepsis be not maintained, there is danger that severe ulceration may occur. The children recover in a few months or a year.

The chief immediate interest of Jamaican diseases to people in England is from the point of view of Jamaica as a health resort. Those mentioned above, except malaria and yellow fever, are the result of the native conditions of life, and do not affect the "bucra," or pure white person.

But the occurrence of phthisis amongst the natives bears on the question of whether Jamaica's be a suitable climate for the phthisical Englishman. To answer it would require much experience, clinical experiment, and study; but a few facts relative to it may be mentioned. First of all, phthisis does occur amongst the natives, and is rapidly fatal. But the chronic form is practically unknown. The disease is generally of an acute pneumonic type, and runs its whole

course and ends in death in seven or eight weeks. It occurs especially in the half-starved or poorly-nourished. This acute pulmonary tuberculosis is a condition well recognised by Jamaican doctors, but is not particularly common.

Tuberculosis is known to occur amongst cattle in Jamaica; but probably it prevails to a much less extent than in England. Cattle brought into the country must be certified free from the disease after the application of the tuberculin test.

A planter who lives on his beautiful estate on the north side of the island, left England fifty years ago, informed by his physician in the usual traditional manner, that he had perhaps 'three months to live,'—" and here I am to-day, sir, and am in the saddle every morning at seven o'clock, which few men over seventy could say." Many other such instances of recovery are to be had on credible authority.

Two districts are especially recommended for consumption patients. One is Malvern, a cool village in the hills, on the south-west side of the island, reached by a sea breeze that is dried and warmed by the hot plain over which it passes. The other is the Blue Mountains. To both the usual means of conveyance is mule-back, and Malvern has the disadvantage that there is no water supply other than that which is collected from rainfall on the barbecues, or great concrete pavements on which the pimento, coffee, and other produce is dried in the sun.

In considering Jamaica as a health resort, the food supplies should be mentioned.

To begin with, dairy produce is not so good as it might be. The butter will not keep, and the only way to get it fresh and good is for the housewife to make it herself immediately before breakfast. There is plenty of time for this as breakfast is at 12 noon.

The milk is rather poor in quality. English Hereford cattle live and prosper tolerably in the island; but they are very apt to get into poor condition, owing to the attacks of the ticks, which swarm in every patch of guinea-grass where cattle are feeding. These ticks, flat-bodied arachnid parasites (*Leptus autumnalis*), are now a serious pest, though fifty years ago the island was comparatively free from them. The introduction of the mongoose to kill the cane-rat had results which were not anticipated. Having disposed of the rat he turned his attention to the birds, which had hitherto kept the ticks down; the balance of nature thus disturbed, the ticks multiplied greatly and over-ran the land; and for his sins the mangoose suffers from them with the rest. The tiny grass-lice, the small red tick, and the silver tick which swells up with blood to the size of a man's finger-tip, were carrying on a successful campaign, when their ranks were strengthened suddenly by a powerful ally, the Texan tick, which was brought across on some cattle imported from Texas. He is seven times worse than the rest. It is more than likely that these arachnids convey cattle diseases from one beast to another. It has, therefore, become a serious problem, urgently requiring solution, how to be rid of the ticks. The mongoose is being killed in some districts, but its extermination seems an almost hopeless task. The tick difficulty has, however, been met to some extent by the introduction of Mysore Cattle. The Indian animals, it seems, in spite of their thinner skins, are less tasteful to the ticks than the English; and the pests leave them unmolested.

It is questionable, however, whether under the best conditions, dairy work will ever be thoroughly satisfactory in Jamaica; and the chief advantage of the Mysore cattle is their success as draught animals.

The meat in the West Indies is tough. It cannot be hung long enough for the rigor mortis to pass off. The Jamaicans, however, get round this difficulty. Miss Kingsley quotes an old gold-coast trader on the subject of the Papaw fruit (*Carica papaya*), "Pap-paws are awfully good for the digestion," he says, "and even if you just hang a tough fowl or a bit of goat in the tree among the leaves, it gets tender in no time, for there is an awful lot of pepsine in pap-paw,"—"which there is not," Miss Kingsley continues, "papaine being its active principle." The Jamaican's method is to wrap the meat in Papaw-leaves, and leave it in a cool place for a couple of hours. It is tender by then.

The Jamaican menu includes a host of good things: Turtle soup—the turtles are brought to Jamaica from Turk's Island, prawn salad—the prawns live in fresh water streams and are as big as crayfishes, and snapper which is rather like a trout when boiled, are favourite dishes. Land-crabs are also said to be great delicacies.

The Blue Mountain coffee when properly prepared at the house of some planter, deserves its reputation as the best in the world. But the greatest revelation of what an ordinary breakfast table item may be transformed into by artistic methods, is in regard to cocoa. The black people call the plant chocolata to distinguish it from their koko roots. The chocolata fruit is in a pod which grows directly out of the trunk of the little tree. In the pod about three cocoa beans are packed together. These are taken out and dried on a barbecue, or pavement, in the sun. The thin outer shell is then peeled off and the inside part, which is easily crumbled, is boiled for forty-eight hours. The fat comes to the surface, and is skimmed off from time to time. The drink which results is comparable with the best Chinese tea, though with an aroma reminiscent of ordinary chocolate. It is without the ordinary thick quality of cocoa and has not the bitterness of cocoanibs.

Tamarinds, nutmegs, vanilla, ginger of very strong flavour and chiefly used for medicine, castor oil, aloes, pimento or Jamaican pepper—the beautiful groves of dark

foliaged pimento trees with their parchment-coloured stems are very characteristic of the northern slopes of the Island—quinine, grape fruit; pine apples, studded all over with their little blue flowers; the garden egg, delicious delicacy when stuffed with mincemeat; mangoes, of which the Number Eleven variety is famous; these and a host of other things, which time would fail me to recount, are yielded by the fertile soil of the West Indies.

A list of fruit is a fitting peroration to an impression of a brief visit to Jamaica, for the retrospect left upon the mind is one in which Nature is seen in her most generous mood.

## A Plague-stricken City.

By J. PRESTON MAXWELL, M.B., F.R.C.S.

IT is just a short month since plague for the first time entered the City of Changpoo. No appropriate setting attended its arrival. There had been lovely weather for weeks, there was no dearth of food, and the streets were full morning, noon, and evening of townsfolk and countryfolk all intent on the business of life. Then a whole family suddenly disappeared, to be quickly followed by several other clearances, death taking place with marvellous rapidity, in some cases under twelve hours from the commencement of the attacks. The rats too began to notify the spread of the disease by their own death. After this the disease slowly but surely settled down on the city. During the first few days the people were incredulous and unbelieving, then as the dreadful fact dawned on them they began to be panic-stricken. Morning, noon, and night the sound of gongs, crackers, and idol processions fell upon one's ear, and the Mandarin went daily in state to one of the temples to try and appease the evil spirits.

As the scourge progressed funerals became a common sight, and in order to avoid depressing the people too much it was ordained that the coffin should always be carried out at the *nearest* gate of the city.

This was the period too of the appearance of a quack remedy, a poor form of tea which sold largely at first.

At the end of fourteen days the seriousness of the matter began to be evident. From that time to the present the streets have become progressively emptier, till now in the afternoon no sign of human life is seen, and in many places the shops are closed. Many of the people stay near their own homes, and dare not go into the city to buy food, obtaining just the bare necessaries from itinerant vendors.

Over all the doors the yellow paper supposed to be of use in frightening away the devils is to be seen pasted on.

Then finding that the city idols were useless the Mandarin had a new one brought in with ceremony from a place fifteen miles away. This was about fourteen days ago, and discovering that it was not working, yesterday a new one was carried in from some thirty miles away, the expense of this procedure being very great.

It is very difficult to estimate the number of deaths per diem in a city like this. At the present time there are approximately fifty to sixty daily. All the burying grounds are full of fresh graves, and the gravediggers for several reasons are doing their work badly, so that some of the coffins are only covered to a depth of a few inches, and the smell in their vicinity is by no means attractive.

Depression has now settled down on the city. The people do not care even to mention the name of the disease, and delude themselves, till well on in the disease, with the idea that it is malarial fever.

In the early days of the scourge I got the Mandarin to put out posters all over the city, telling the people to *clean their houses, kill and burn all rats, and boil all plague-infected clothing.* It is useless to advise the burning of the latter, for they will not do it. But the callousness of the people is extreme. Only a few have followed this advice, and those almost exclusively among the members and adherents of the Chinese Church, who know us and trust us more; none of these up to the present have taken the disease. It is little wonder that it spreads, for in spite of their fear the people will deliberately lie on the same bed as the plague-stricken patient, and sleep under the same coverlet.

As to the medical aspects of the question. It is an undoubted fact that the earlier cases of plague in the city were *preceded* by the death of one or more rats in the houses attacked. As the plague progressed this connection was lost, but in the first week it was the universal rule. The dead rats were generally found about a week before the attack of the human being, but this time was not constant. Whether or no the infection was carried to the city by rats I do not know, but for three years the disease has been creeping from village to village, following the line of the small waterway that leads to the city. The first few cases appear to have been of a septicæmic type, at least of the first four I was called in to see three were septicæmic and one pneumonic in character.

As to the remedies used. At present we are trying carbolic acid in large doses, and with some success. But into this I hope to enter more fully at the close of the epidemic. Certainly many cases are from the first beyond aid with any of the drugs at our disposal.

The general type of fever I have seen is one which rises rapidly at the commencement to 104°, 105°, or 106°. Some of the cases never come down till death. Others slowly descend by lysis, and there may be a second rise on the occurrence of suppuration in the bubo. But as yet all the buboes I have seen in persons getting well have gone

down under the influence of Empl. Belladonnæ without suppuration.

I hope that this small sketch may enable my readers to realise in some measure what is meant by an invasion of plague, from which one may devoutly pray to be delivered.

## A Case of Cerebral Injury with loss of a Sector in the Visual Fields.

By G. V. BULL, M.B., M.R.C.S.

THE following case is interesting on account of the almost complete recovery following on an unusually severe injury.

On March 14th of this year, a man aged forty-eight was at work on a lift shaft, when he was knocked off and fell about thirty feet on to his head. He was brought up at 6 p.m., collapsed, and bleeding profusely from a wound in the occipital region, at the bottom of which a depression could be felt. Both pupils reacted normally and there was no paresis or paralysis. His back was much bruised, but there was no irregularity of the spinous processes. His pulse was 120, regular, and temp. 97°.

At 9 p.m. the wound was examined under an anæsthetic, and was found to extend from just below the external occipital protuberance upwards and slightly outwards for about three inches; from the upper end an incision was made for about two inches, and the flap thus formed was turned outwards. It was then seen that there was a gap in the skull about three inches long and one third to two thirds inch wide; in this gap were fragments of bone and lacerated brain matter. The fragments of bone were removed by forceps and one fragment at the upper end was elevated; a linear fracture ran outwards from the upper end of the gap. The inner table was more extensively fractured. It seemed probable on seeing the injury that it was produced by the man falling with the back of his head against an edge. After well washing the wound an attempt was made to close the aperture in the dura mater, but was unsuccessful. The wound was therefore closed with gut sutures, and a large wire drain inserted.

During the night the patient was very restless, and his pulse was very irregular, at times almost imperceptible, and brandy and strychnine (twice) were given.

March 15th.—Temp. 98·6°, pulse 120 regular. No vomiting or paralysis; unable to pass his water; complaining of pains in his back; examination showed no sign of fracture; knee-jerks much exaggerated; no ankle-clonus; plantar reflex normal; no affection of sensation.

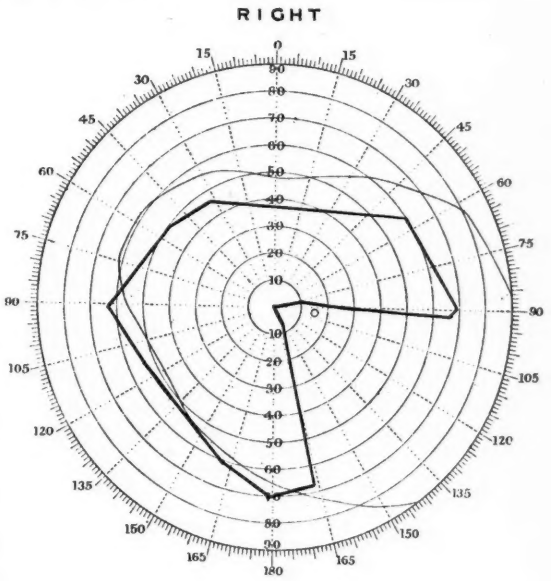
March 22nd.—The wound was dressed, and found soundly healed, and visibly pulsating; knee-jerks still excessive, but less so; still unable to pass his water, which is drawn off three times in the twenty-four hours.

April 8th.—Patient complains of dimness of vision, especially of objects to his right.

April 15th.—Getting up. Able to pass water naturally; patient feels weak, but is able to walk without feeling giddy.

April 20th.—Discharged. There is still difficulty in seeing objects placed to his right; he can read slowly, but the words appear blurred; the knee-jerks are still exaggerated, but there is no ankle-clonus; there is no difficulty of micturition, but he has not perfect control over his rectum when the motions are loose. Unfortunately I could not take his fields of vision. The patient was seen again on July 16th, when his condition was as follows:

His vision was improving and he was able to read comfortably; he was free from headache and almost entirely from giddiness; on taking his "fields of vision," it was found that there was partial right hemianopsia, confined to the lower part of the field; the pupils reacted to light and accommodation, and both fundi and the optic discs were natural.




Apart from this and weakness in his back his general condition was very good.

I have to thank Mr. Willett for permission to publish this case.

## Two Cases of Transverse Presentation.

By J. A. WILLETT, M.B., M.R.C.S., L.R.C.P.

THE two following cases have been admitted to Martha under Dr. Champneys during the past four months.

CASE 1.—E. P—, 13-para, admitted Martha February 26th.

*History.*—All previous labours straightforward, last three and a half years ago; last period ended June 6th. Does not remember any accident or injury during her pregnancy.

February 14th.—Felt fœtal movements for last time.

February 15th, 2 a.m.—Waters broke; quantity excessive (filling a large pail), they were brownish in colour and offensive.

February 19th.—Labour pains commenced, sent for her doctor who found an arm prolapsed. After consultation with two other medical men chloroform was administered and version attempted, but this failing, the patient was sent up to hospital and admitted at 8.30 p.m.

*Condition on admission.*—Patient did not appear much distressed, pulse 100, temp. 96·8°. Fœtal heart not heard; retraction ring well marked.

Left arm was outside vulva; the pelvis was occupied by the trunk of fœtus. Left shoulder, side of chest, and the spinal column could be made out; fœtus peeling and offensive. Neither head nor neck could be felt.

Dr. Champneys was informed of patient's condition, and arrived at the hospital at 11 p.m. On abdominal examination a retraction ring could be felt midway between umbilicus and pubes. Fœtal heart not heard.

Left arm of fœtus outside vulva. Fœtus in left cephalo iliac dorso-posterior position, *i.e.* an L.O.P. in which shoulder had descended and head had receded into iliac fossa. Neck out of reach.

*Operation.*—Abdomen of fœtus opened through hypochondrium with scissors, and ribs cut through until spinal column was reached. This was divided with bone forceps in lower dorsal region and cephalotribe applied to the lower (pelvic) end. By traction on cephalotribe, in conjunction with a crotchet which had also been fixed to same part, fœtus became flexed in lower dorsal region, the lower end of the back followed by breech were drawn out of pelvis. The extended legs were brought down, the thoracic end of the trunk and after coming head were delivered as in a breech case.

The placenta was expressed after 15 mins. and an intra-uterine douche given. Fœtus male 7½ lbs.

Convalescence uneventful. Temp. on 8th day rose 103° due to a small patch of parametritis in left broad ligament.

March 11th.—Patient left hospital.

CASE 2.—A. H—, æt. 26, primipara, admitted Martha May 27th.

*History.*—Last period ended in the last days of August, 1900; fœtal movements last felt during morning May 24th. May 23rd strained herself while lifting a weight.

May 26th.—Slight pains began, sent for her doctor who examined her and told her to send again. Waters broke during evening.

May 27th.—Doctors sent for, who found a prolapsed pulseless cord and point of elbow-joint inside vulva. Patient sent to hospital and admitted.

*Condition on admission.*—Pains slight and infrequent, is very nervous about herself. Pulse 108, temp. 98·4°. Marked obliquity of uterus to left. Arm brought outside and proved to be right. Vertex could be felt lying in the position of the pelvis. Cord prolapsed and pulseless.

Examination under anæsthetic one and a half hours later. Head was found to have receded and was lying in left iliac fossa, the brim of the pelvis being occupied by the trunk of the fœtus, position of the back being anterior. (Right cephalo-iliac dorso-anterior.) Right shoulder, right side of chest, and vertebræ could be easily identified. During examination pains were frequent and strong.

Dr. Champneys was informed of patient's condition and arrived at the hospital at 5 p.m.

*Operation.*—With some difficulty sharp hook was passed over the neck which was cut through, the operation being completed with scissors.

Body of fœtus easily delivered by pulling on arm. Neck was seized with craniotomy forceps, and after perforation head was pulled out through pelvis.

Child, male, 6½ lbs; skin peeling; placenta removed by hand. Intra-uterine douche given.

At 10 p.m. Patient felt cold and temperature had risen to 104°, pulse 140. Next morning had fallen to 99°.

Convalescence rapid and temperature never above normal, except on third day when it was 100°. Patient left hospital on thirteenth day after delivery.

*Statistics.*—Guy's Hospital, 1 in 354 cases; Herman, 1 in 200 cases.

*Causes* in both cases death of fœtus and perhaps hydramnios in first case.

Other causes are usually:

Contracted pelvis with exaggerated uterine obliquity.
Premature labour.
Placenta prævia.

Cases of spontaneous delivery must naturally be few, as for this to take place the child must be small. The mode varies according as the child is alive or dead.

*If alive,* delivery takes place either by (1) spontaneous rectification, or (2) spontaneous version, or (3) rarely by spontaneous expulsion as a living child possesses muscular tone.

*If dead* it may be expelled either by spontaneous evolution, or spontaneous expulsion.

*Treatment:*

1. Rectification } If seen early and uterus is not in state of tetanic
2. Version } contraction.
3. Decapitation or spondylotomy if uterus is tightly contracted round child, as the risk of rupturing the uterus or vagina is too great in attempting to deliver by the other methods.

## Notes.

SIR THOMAS SMITH has been appointed Knight Commander of the Royal Victorian Order.

* * *

THE Honorary Degree of D.C.L. has been conferred upon Sir William Church by the University of Glasgow.

* * *

DR. TOOTH has been appointed a member of the Commission to inquire into the present state of the R.A.M.C., and the possibility of its re-organisation.

* * *

MR. MCADAM ECCLES has been elected Hunterian Professor at the Royal College of Surgeons of England, and will deliver a series of three Lectures on the "Anatomy, Physiology, and Pathology of the Imperfectly Descended Testis" on February 24th, 25th, and 26th, 1902.

* * *

MR. WARING has been appointed Joint Lecturer on Anatomy in place of Mr. Lockwood, resigned.

* * *

DR. W. JOBSON HORNE acted as Hon. Secretary of the Museum Committee at the Congress on Tuberculosis.

* * *

MR. T. RUDOLPH SMITH has been appointed Honorary Surgeon to the Stockton and Thornaby Hospital.

* * *

THE Raymond Horton-Smith Prize for the best M.D. thesis of the year in the University of Cambridge has been awarded to Dr. W. Langdon Brown.

* * *

THE degree of M.D.(Cantab.) has been conferred on Mr. W. J. Horne, Mr. R. A. Yeld, Mr. E. W. Ormerod, and Mr. C. F. Lillie.

* * *

MESSRS. G. V. BULL, F. E. Murray, A. S. Mellor, and H. H. Riddle have taken the degrees of M.B., B.C.(Cantab.); Messrs. L. B. Scott and N. Maclaren that of B.C.

* * *

THE Wix Prize for an Essay on the Life of William Stokes has been awarded to W. A. Aldred.

* * *

THE Bentley Prize (Medical Cases) has been awarded to E. C. Williams.

* * *

THE Shuter Scholarship has been awarded to C. F. Hadfield.

* * *

THE Sports were held in a blazing sun and grilling heat on the second day of the Cricket final, which may have kept down the number of spectators; but one is getting accustomed now to a meagre attendance at this fixture. The entries and starters were, however, rather above the average, and some good finishes were seen.

* * *

WITH great pleasure we record the fact that we have once more been successful in the Inter-Hospital Athletic Competition. We were well ahead of the other competitors, and as most of our representatives will be available for some years, there is every hope that we may keep the Shield for some length of time.

* * *

THE result of the Final Tie of the Inter-hospital Cricket Cup was very disastrous from our point of view. The Guy's batting was even better than their bowling, and Barker's innings would have been worth seeing anywhere except from the field; but 54 in our second innings was not a great effort even in the face of a big score by our opponents.

* * *

THE Junior Staff XI has met and defeated the Hospital Employés Cricket Club. We hope to chronicle further news of this sporting enterprise.

* * *

A BART.'S man, writing from New Zealand, has suggested that when Christ's Hospital is acquired, and when the new buildings are begun, some accommodation might be provided for Old Bart.'s men who want to spend a few days in Hospital. Ideas such as this we fear, though no doubt they would be appreciated by those who enjoyed their benefits, are too full of practical disadvantages to recommend themselves to the authorities.

## Amalgamated Clubs.

### CRICKET CLUB.

ST. BART.'S *v.* HORNSEY.

Played at Hornsey. Resulted in a win for the home side.

SCORES:—HORNSEY.

| | | | |
|---|---|---|---|
| B. A. Clark, b Pank | 11 | W. E. Turbeville, c Orton, b Pank | 2 |
| L. P. Weaver, run out | 4 | J. A. Wallett, c Nicholas, b Pank | 2 |
| E. S. Duval, b Page | 6 | G. Hart, not out | 10 |
| S. L. Clark, b Pank | 20 | Extras | 11 |
| F. B. Swinstead, run out | 71 | Total | 197 |
| S. L. King, b Page | 3 | | |
| H. B. Lorry, c Adam, b Burroughes | 47 | | |
| P. O. Murray, c Nicholas, b Burroughes | 10 | | |

BOWLING ANALYSIS.

| | Overs. | Maidens. | Runs. | Wickets. |
|---|---|---|---|---|
| Pank | 18 | 2 | 58 | 4 |
| Page | 13 | 0 | 47 | 2 |
| Nicholas | 3 | — | 18 | 0 |
| Adam | 5 | 0 | 19 | 0 |
| Burroughes | 4 | 0 | 13 | 2 |
| Anderson | 6 | 0 | 19 | 0 |

SCORES:—ST. BART.'S.

| 1st Innings. | | 2nd Innings. | |
|---|---|---|---|
| W. S. Nealor, b Clark | 1 | b Murray | 1 |
| L. V. Thurston, b Murray | 0 | b Murray | 3 |
| C. A. Anderson, b Murray | 19 | | |
| H. N. Burroughes, b Murray | 9 | not out | 48 |
| B. Hudson, b Clark | 3 | | |
| L. Orton, c Murray, b Clark | 4 | | |
| H. W. Pank, c Duval, b Clark | 19 | c Hart, b Clark | 3 |
| C. F. Nicholas, b Clark | 4 | not out | 18 |
| A. H. Bostock, b Murray | 1 | b Murray | 1 |
| G. H. Adam, l-b-w, b Murray | 9 | run out | 0 |
| G. Page, not out | 0 | b Clark | 3 |
| Extras | 4 | Extras | 27 |
| Total | 73 | Total (6 wickets) | 104 |

ST. BART.'S *v.* LONDON.

The above teams met in the semi-final of the Cup Competition, the match resulting, after an exciting finish, in a win for Bart.'s by 43 runs. G. H. Orton and G. F. Page were chiefly responsible for the win, as when they became associated for the last wicket 22 runs were wanted. Honiball also batted well for 30.

SCORES.

| ST. BART.'S. | | LONDON. | |
|---|---|---|---|
| C. F. Nicholas, b Harrison | 1 | F. H. Wilgress, c Orton, b Adam | 0 |
| C. M. H. Howell, b Waldron | 13 | H. B. Waters, l-b-w Honiball | 46 |
| W. S. Nealor, b Harrisson | 4 | F. D. Roberts, b Adam | 1 |
| C. A. Anderson, run out | 11 | A. M. Simpson, b Stanger-Leathes | 4 |
| H. N. Burroughes, b Harrisson | 7 | H. W. Kaye, b Stanger-Leathes | 9 |
| W. C. Honiball, b Roberts | 30 | N. B. Jacob, b Page | 11 |
| G. G. Ellett, b Waldron | 6 | E. H. Harrisson, c and b Honiball | 1 |
| L. Orton, not out | 52 | T. D. Smith, c Orton, b Honiball | 0 |
| G. H. Adam, l-b-w, b Waldron | 4 | R. B. Sparrow, c Orton, b Stanger-Leathes | 28 |
| H. E. Stanger-Leathes, b Waldron | 0 | G. R. Wilson, c Anderson, b Adam | 20 |
| G. F. Page, c Gomo, b Smith | 33 | L. B. Waldron, not out | 4 |
| Extras | 12 | Extras | 6 |
| Total | 173 | Total | 130 |

BOWLING ANALYSIS.

| | Overs. | Maidens. | Runs. | Wickets. |
|---|---|---|---|---|
| Stanger-Leathes | 18 | 3 | 52 | 3 |
| Adam | 13 | 3 | 28 | 3 |
| Honiball | 9 | 2 | 19 | 3 |
| Page | 5 | 1 | 25 | 1 |

ST. BART.'S *v.* DUNSTABLE.

Played at Dunstable. Resulted in a win for the Hospital by 32 runs.

SCORES:—DUNSTABLE.

| | 1st Innings. | | 2nd Innings. |
|---|---|---|---|
| A. O. F. Cobley, c Body, b Howell | 17 | | |
| Dr. Young, c Sub., b Howell | 6 | b Nicholas | 0 |
| J. V. Haswell, l-b-w, b Howell | 0 | b Nicholas | 4 |
| L. C. H. Thring, c Thompson, b Stanger-Leathes | 13 | not out | 61 |
| A. C. Apthorp, not out | 37 | | |
| W. F. Brown, c and b Howell | 0 | | |
| J. G. Schunck, b Stanger-Leathes | 0 | b Thompson | 13 |
| W. C. Oakley, b Howell | 3 | b Thompson | 0 |
| E. V. Watkins, b Stanger-Leathes | 7 | | |
| W. J. Allport, b Stanger-Leathes | 2 | not out | 1 |
| A. E. Stachli, b Stanger-Leathes | 5 | c Adam, b Thomson | 2 |
| Extras | 11 | Extras | 11 |
| Total | 101 | Total (5 wickets) | 92 |

SCORES:—ST. BART.'S.

| | |
|---|---|
| C. M. H. Howell, c Brown, b Thring | 45 |
| C. F. Nicholas, st Apthorp, b Brown | 19 |
| W. S. Nealor, c Cobley, b Brown | 13 |
| L. V. Thurston, l-b-w, b Thring | 0 |
| T. O'Neill, c Thring, b Brown | 3 |
| G. H. Adam, b Thring | 12 |
| R. J. Thompson, c Apthorp, b Thring | 1 |
| P. M. Body, b Thring | 7 |
| H. E. Stanger-Leathes, st Apthorp, b Brown | 12 |
| D. W. Chaff, not out | 7 |
| | 119 |

BOWLING ANALYSIS.

1st Innings

| | Overs. | Maidens. | Runs. | Wickets. |
|---|---|---|---|---|
| Howell | 12 | 2·2 | 43 | 5 |
| Stanger-Leathes | 12·2 | 2·3 | 47 | 5 |
| Nicholas | 9 | 2 | 31 | 2 |

2nd Innings.

| | | | | |
|---|---|---|---|---|
| Adam | 8 | 2 | 28 | 0 |
| Thompson | 4 | 0 | 12 | 3 |
| Stanger-Leathes | 3 | 0 | 15 | 0 |

ST. BART.'S *v.* HAMPSTEAD C.C.

For this match the Hospital was rather poorly represented, and suffered defeat by 160 runs, chiefly owing to some fine batting by Apsan-ul-Hak. For the Hospital Honiball batted well for 52.

SCORES.

| HAMPSTEAD C.C. | | ST. BART.'S. | |
|---|---|---|---|
| E. Marsden, b Stanger-Leathes | 0 | L. V. Thurston, l-b-w, b Marsden | 6 |
| T. M. Farmiloe, b Stanger-Leathes | 28 | W. Honiball, b Marsden | 52 |
| H. E. Stoddart, c Thurston, b Honiball | 17 | C. A. Anderson, c Farmiloe, b Spofforth | 6 |
| Apsan-ul-Hak, c Anderson, b Thurston | 180 | H. B. Hill, b Spofforth | 17 |
| W. R. Moon, b Anderson | 0 | G. F. Page, b Spofforth | 4 |
| F. R. Spofforth, b Page | 23 | A. H. Bostock, l-b-w, b Marsden | 0 |
| F. W. H. Beaton, c Hill, b Honiball | 1 | T. M. Body, c Tewson, b Stoddart | 20 |
| W. Heater, l-b-w, b Wright | 29 | E. Wright, b Marsden | 0 |
| H. T. Tewson, run out | 22 | H. E. Stanger-Leathes, b Spofforth | 29 |
| A. Piper, not out | 3 | L. L. Phillips, c Moon, b Stoddart | 27 |
| J. C. R. Dickson, did not bat. | | R. M. Rankin, not out | 8 |
| Extras | 25 | Extras | 6 |
| Total | 328 | Total | 175 |

BOWLING ANALYSIS.

| | Overs. | Maidens. | Runs. | Wickets. |
|---|---|---|---|---|
| Stanger-Leathes | 26 | 4 | 86 | 2 |
| Honiball | 17 | 1 | 79 | 2 |
| Page | 11 | 1 | 60 | 1 |
| Anderson | 8 | 1 | 33 | 1 |
| Wright | 6 | 1 | 25 | 1 |
| Thurston | 3 | 0 | 20 | 1 |

ST. BART.'S *v.* GUY'S HOSPITAL.

Bart.'s met Guy's in the final of the Cup Competition, at Honor Oak, on July 11th and 12th. After scoring 259 the Bart.'s bowling was unfortunately completely collared on the first day, so that Guy's put together 475. In the second innings Bart.'s indulged in a collapse, and so finished off the match in very summary fashion.

SCORES:—BART.'S.

| | 1st Innings. | | 2nd Innings. |
|---|---|---|---|
| C. A. Nicholas, c Morgan, b Poyser | 27 | b Poyser | 0 |
| W. E. Honiball, b Poyser | 22 | c Morris, b Poyser | 1 |
| W. S. Nealor, c Graham-Smith, b Poyser | 1 | c Foster, b Wetherell | 20 |
| C. A. Anderson, b Wyatt | 49 | c Morris, b Wetherell | 8 |
| H. N. Burroughes, c Wetherell, b Wyatt | 24 | l-b-w, b Wetherell | 4 |
| C. M. H. Howell, b Morgan | 42 | c Foster, b Poyser | 0 |
| G. G. Ellett, b Morgan | 20 | c Graham-Smith, b Poyser | 1 |
| L. Orton, not out | 29 | c Graham-Smith, b Poyser | 17 |
| H. E. Stanger-Leathes, b Morgan | 3 | not out | 0 |
| G. F. Page, st Graham-Smith, b Wyatt | 7 | c Graham-Smith, b Poyser | 2 |
| G. H. Adam, l-b-w, b Poyser | 16 | c Graham-Smith, b Poyser | 0 |
| Extras | 19 | Extras | 1 |
| Total | 259 | Total | 54 |

SCORES:—GUY'S.

| | |
|---|---|
| H. N. Wyatt, c Honiball, b Howell | 46 |
| H. Barker, c Orton, b Adam | 180 |
| H. M. Langdale, c Adam, b Nealor | 52 |
| R. C. Poyser, c Stanger-Leathes, b Adam | 39 |
| G. G. Graham-Smith, c Burroughes, b Page | 68 |
| H. Morris, c Anderson, b Page | 30 |
| A. R. Wilson, b Stanger-Leathes | 0 |
| M. C. Wetherell, l-b-w, b Page | 27 |
| K. S. Foster, c Nicholas, b Page | 9 |
| S. Morgan, c Anderson, b Stanger-Leathes | 9 |
| C. M. Cowper, not out | 0 |
| Extras | 18 |
| Total | 475 |

BOWLING ANALYSIS.

| | Overs. | Maidens. | Runs. | Wickets. |
|---|---|---|---|---|
| Stanger-Leathes..... | 21 | 3 | 83 | 2 |
| Adam ..... | 26 | 2 | 100 | 2 |
| Honiball ..... | 17 | 1 | 74 | — |
| Howell ..... | 12 | 1 | 67 | 1 |
| Page..... | 15 | 1 | 49 | 4 |
| Anderson ..... | 5 | — | 24 | — |
| Nicholas ..... | 2 | — | 12 | — |
| Burroughes..... | 6 | 1 | 27 | — |
| Nealor..... | 3 | — | 26 | 1 |

## ST. BART.'S ATHLETIC CLUB.

*President.*—Sir Dyce Duckworth, M.D.

*Vice-Presidents.*—H. Mundy, Esq., F.R.C.S.; J. Christopherson, Esq., F.R.C.S.; Dr. H. M. Fletcher, Dr. S. Edkins, Dr. J. H. Drysdale.

*Committee.*—H. E. Graham, G. M. Levick, S. F. Lister, W. M. Fletcher, J. G. Gibb, J. M. Plews.

*Captain.*—B. N. Ash.

*Hon. Secretaries.*—P. Gosse, D. M. Stone.

*Handicappers.*—B. N. Ash, S. F. Lister, G. M. Levick.

The Hospital Sports were held on Friday afternoon, July 12th. The attendance, as usual in all our athletic functions, was small, although a decided increase on that of last year. Perhaps the best performance was that of D. M. Stone, who put the weight 35 feet ½ inch. In the 100 yards T. Bates (holder) failed to get placed, B. Hudson being first, with H. J. Kimbell second. Time, 11⅕ sec. G. M. Levick won the hammer with a very creditable throw of 84 feet. If he would train he ought to throw over 100 feet easily. In the quarter mile H. E. Graham won very comfortably in 54⅘ secs., a close race for second place ensuing between H. Kimbell and J. S. Smith, the latter falling within three yards of the tape.

The high jump was a surprise to nearly everyone present, as R. C. Berryman, with limit mark of 5 ins., jumped 5 ft. 1½ ins., thereby beating the rest without the help of his 5 ins.

In the first heat of the hurdles R. C. Berryman again distinguished himself by winning, being given 8 yds. from scratch.

The next heat was won by a fresher, A. H. Hogarth, also with 8 yds. In the final Hogarth beat Berryman by inches only, T. M. Body being third.

The long jump fell to A. H. Hogarth with a jump of 17 ft. 1 in. without his 1½ ft. handicap.

There were very few starters in the 120 handicap (prize presented by Messrs. Maw, Son and Sons), which fell to B. Hudson (5 yds.) first, and A. H. Hogarth (10 yds.) second. Time, 12⅘ sec.

In the weight the next best to D. M. Stone were T. M. Body (4 ft.) and J. Corbin (2½ ft.).

The half mile fell to E. E. Hayes (45 yds.), who won well in front of J. G. Gibb (10 yds.). We hope to see E. E. Hayes running for us in the cross-country next year.

The Freshers' race fell to B. Hudson, with A. H. Hogarth second. Hudson led all the way, but stopped at the curve, not seeing the tape, but Hogarth stopped and so allowed him to win the race, which he quite deserved.

The Junior Staff do not appear to have many "flyers," as only two faced the starter, J. A. Nixon and H. S. Ward, the former winning. Distance 220 yds. Time 26⅗ sec.

Six started in the mile (J. G. Gibb scratch), Gibb winning very comfortably, with T. M. Body second, L. Arnould third.

The prizes were presented by Lady Duckworth, and Sir Dyce Duckworth spoke, pointing out how necessary it was for men to train properly before exerting themselves in the sports.

The judges were Dr. J. H. Drysdale, and Mr. H. J. Waring, F.R.C.S. Mr. W. E. Miles was unfortunately prevented from attending.

Jack White acted as timekeeper.

## THE UNITED HOSPITAL SPORTS.

Held at the L.A.C. Ground on Wednesday, July 17th, 1901.

*President.*—Sir William Church, Bart.

Seven hospitals entered this year for the championship, viz. Guy's, St. George's, St. Bartholomew's, London, St. Mary's, St. Thomas's, and Charing Cross.

The scoring this year was done by points, first place 10, and second place 3 points.

Guy's started their score by getting first and second in the 100 yds., S. Wadson and E. Morgan. Time, 10·4 secs.

The half mile fell to Bart.'s, H. E. Graham winning, R. Allen (Guy's) second.

The weight fell to St. Bart.'s, D. M. Stone putting the shot 35 ft. 9¼ in., R. Thompson (St. Thomas's) second.

P. E. Lascelles (St. Mary's) won the high jump with a jump of 5 ft. 8 in., J. H. Thomas (London) being second with 5 ft. 7 in.

The 220 yds. fell to Guy's, S. Wadson (the holder) winning easily, with T. Smith (St. George's) second. Time, 23·1 secs.

H. E. Graham won the one mile for us very easily in 4 min. 36·2 secs.

St. Bart.'s made 13 points in the hammer, W. M. Fletcher beating the United Hospital record with a throw of 110 ft., G. M. Levick being second with a throw of 82·6 ft , though he can throw more.

Next came the quarter mile, adding 13 points to Guy's score, S. Wadson being first, after a great race with R. W. Allen, inches only separating them. Time, 54·2 sec.

The hurdles were the great surprise of the day, as W. Gibson (London) beat W. M. Fletcher, after a neck-to-neck race, in the very creditable time of 16·4 secs.

Next and last came the three miles, which was to decide whether we were to beat or draw with Guy's. Six started, but after two laps only J. G. Gibb and A. C. Birt (St. Thomas's, holder) were running. Gibb led the whole way, and when half a mile from home strode away from Birt, winning easily in 16 min. 7⅗ secs.

The result of the day's sports was—

1st, St. Bart.'s . . . 56 points.
2nd, Guy's . . . . 49 „

the rest nowhere.

Lady Church presented the prizes, and Mr. R. Clement Lucas, F.R.C.S., spoke.

The attendance was good, and the weather perfect.

Dr. J. H. Drysdale and W. V. Wood represented us among the judges.

*Referee.*—S. K. Holman.

*Captain.*—G. M. Levick.

*Hon. Secretary.*—P. Gosse.

## RIFLE CLUB.

PRIZE MEETING.

The Rifle Club Prize Meeting was held on Wednesday, July 3rd, at Runnymede, on a glorious summer afternoon. The breezes were gently whispering through the sweet-scented limes, the dulcet tones of the frog were borne on the ear from the river lazily flowing close at hand (you were sent to report on the shooting.—ED.), and the loud squelch of the dum-dum bullet as it reached the soft clay of the butt made the martial heart beat with unwonted arrhythmia. The shooting, so far as one could understand, reached a very high standard. Several of the targets were scarcely damaged, and the markers were mercifully spared any ill-advised effort during the heat of the day. The entries were large, and, like the marksmanship, varied.

The Waring Challenge Cup gave rise to an excellent competition, and the conditions seemed good and were eminently practical. It was won for the first year of its institution by Finigan, whose shooting throughout was consistent. He was disqualified by his other successes from taking the prize for the "quick-firing" competition, in which he made the top score.

One highest possible was scored, Petrie making 35 at 600 yards in the Club competition.

The other scores have not been obtained, but the list of prize winners in the various competitions is appended.

*Competition I.*—1st stage of the Waring Cup aggregate.

Conditions.—10 shots at 500 yards, prone position.

1st Prize.—No. 17 Cowhide "Tabloid" Medicine Case, presented by Messrs. Burroughs and Wellcome.

2nd Prize.—No. 7 Hypodermic Case, presented by Messrs. Burroughs and Welcome.

1st. P. A. Dingle.
2nd. W. Jeudwine.

*Competition II.*—The Club Competition.

Conditions.—7 shots at 200, 500, and 600 yards, any military position.

1st Prize.—Opera Glasses, presented by Messrs. Curry and Paxton.

2nd Prize.—Hypodermic Case, presented by Messrs. Burroughs and Wellcome.

3rd Prize.—Presented by Mr. Howard Marsh.

1st. J. Morris.
2nd. E. A. Wright.
3rd. W. P. S. Branson.

*Competition III.*—The Club aggregate.

Conditions.—1st stage of the Waring Cup aggregate and the Club Competition.

1st Prize.—Benetfink Cup and Stethoscope, presented by Messrs. Down Bros.

2nd Prize.—Value 10*s.* 6*d.*, presented by the Club.

1st. A. S. Petrie.
2nd. A. C. Brown.

*Competition IV.*—The Waring Challenge Cup, presented by Mrs. Waring.

Conditions.—1st stage, 10 shots at 500 yards at the Club Prize Meeting; 2nd stage, 10 shots at 500 yards at the Inter-hospital Cup Shoot at Bisley.

The Waring Challenge Cup and Prize presented by Mr. Waring.

D. Finigan.

*Competition V.*

Conditions.—7 shots at 200 yards, rapid individual, in 1 minute, kneeling position.

Prize presented by Mr. Howard Marsh.

J. A. Nixon.

*Competition VI.*

Conditions.—7 shots at 200 yards, any position, for members of the Teaching Staff.

Mr. Phillips.

The following are the scores of the matches held during this season. It will be seen that we have won 3 matches and lost 3.

ST. BART.'S *v.* DULWICH AND EASTBOURNE COLLEGES.

Won by St. Bart.'s. May 22nd.

ST. BART.'S.

| | 200 yds. | 500 yds. | Totals. |
|---|---|---|---|
| J. Morris | 26 | 30 | 56 |
| P. A. Dingle | 29 | 26 | 55 |
| A. C. Brown | 28 | 26 | 54 |
| A. K. Armstrong | 28 | 25 | 53 |
| A. S. Petrie | 26 | 24 | 50 |
| J. C. Newman | 27 | 23 | 50 |
| R. A. Fuller | 22 | 19 | 41 |
| C. H. Fielding | 10 | 27 | 37 |
| Total | | | 396 |

DULWICH COLLEGE.

| | | | |
|---|---|---|---|
| H. J. Dear | 25 | 30 | 55 |
| H. A. Clark | 28 | 23 | 51 |
| D. G. French | 24 | 25 | 49 |
| H. Wray | 26 | 23 | 49 |
| C. M. Rigby | 31 | 18 | 49 |
| K. S. Carpmael | 22 | 25 | 47 |
| F. A. Brock | 23 | 20 | 43 |
| H. Bartlett | 23 | 18 | 41 |
| Total | | | 384 |

EASTBOURNE COLLEGE.

| | | | |
|---|---|---|---|
| Lance-Corporal Dodd | 29 | 32 | 61 |
| Drummer Skewes Cox | 29 | 26 | 55 |
| Corporal Mackenzie | 25 | 30 | 55 |
| Sergeant Hales | 29 | 17 | 46 |
| Private Phillips | 25 | 20 | 45 |
| Private Kendziot | 23 | 19 | 42 |
| Private Thomas | 21 | 20 | 41 |
| Sergeant Atkins | 18 | 20 | 38 |
| Total | | | 383 |

ST. BART.'S *v.* ST. PAUL'S SCHOOL RIFLE CORPS.

May 29th. Won by St. Paul's School.

ST. BART.'S.

| | 200 yds. | 500 yds. | Totals. |
|---|---|---|---|
| W. R. Read | 32 | 28 | 60 |
| J. Morris | 34 | 26 | 60 |
| A. C. Brown | 30 | 29 | 59 |
| P. A. Dingle | 29 | 27 | 56 |
| A. S. Petrie | 17 | 26 | 43 |
| R. A. Fuller | 27 | 13 | 40 |
| N. Maclaren | 23 | 14 | 37 |
| C. H. Fielding | 19 | 14 | 33 |
| Total | | | 388 |

ST. PAUL'S SCHOOL.

| | | | |
|---|---|---|---|
| Sergeant Sinauer | 32 | 28 | 60 |
| Corporal Braddell | 27 | 23 | 50 |
| Lance-Corporal Evans | 26 | 25 | 51 |
| Corporal Arnold | 19 | 30 | 49 |
| Lance-Sergeant Bland | 24 | 27 | 51 |
| Private Barnett | 27 | 20 | 47 |
| Lieutenant Rowe | 28 | 19 | 47 |
| Lance-Sergeant Wink | 30 | 8 | 38 |
| Total | | | 393 |

ST. BART.'S *v.* RUGBY.

June 5th. Won by Rugby.

ST. BART.'S.

| | 200 yds. | 500 yds. | 600 yds. |
|---|---|---|---|
| J. Morris | 29 | 26 | 55 |
| R. A. Fuller | 31 | 23 | 54 |
| P. A. Dingle | 29 | 22 | 51 |
| C. H. Fielding | 26 | 20 | 46 |
| N. Maclaren | 23 | 21 | 44 |
| A. K. Armstrong | 22 | 17 | 39 |
| T. W. H. Burne | 20 | 15 | 35 |
| J. E. Pratt | 24 | 18 | 42 |
| Total | | | 366 |

RUGBY.

| | | | |
|---|---|---|---|
| Private Hyde | 30 | 24 | 54 |
| Corporal Campbell | 31 | 22 | 53 |
| Bandsman Moais | 27 | 25 | 52 |
| Colour-Sergeant Barlow | 25 | 26 | 51 |
| Private Crowshaw | 28 | 19 | 47 |
| Private Lester | 28 | 18 | 46 |
| Private Ewing | 23 | 20 | 43 |
| Corporal Maton | 25 | 16 | 41 |
| Total | | | 387 |

ST. BART.'S *v.* LONDON RIFLE BRIGADE CADET CORPS.

June 12th. Won by St. Bart.'s.

ST. BART.'S.

| | 200 yds. | 500 yds. | 600 yds. | Totals. |
|---|---|---|---|---|
| J. Morris | 33 | 30 | 31 | 94 |
| R. A. Fuller | 31 | 30 | 27 | 88 |
| D. Finigan | 29 | 26 | 31 | 86 |
| A. C. Brown | 25 | 25 | 27 | 77 |
| P. A. Dingle | 24 | 25 | 26 | 75 |
| T. W. H. Burne | 25 | 25 | 14 | 64 |
| Total | | | | 484 |

LONDON RIFLE BRIGADE CADET CORPS.

| | | | | |
|---|---|---|---|---|
| Sergeant-Instruct. Nadand | 28 | 28 | 18 | 74 |
| Sergeant Clark | 33 | 29 | 16 | 78 |
| Colour-Sergeant Boyd | 21 | 28 | 20 | 69 |
| Sergeant Gilliland | 26 | 18 | 23 | 67 |
| Corporal Tanner | 29 | 17 | 21 | 67 |
| Assist. Sergt. Inst. Tuffill | 19 | 15 | 16 | 50 |
| Total | | | | 405 |

ST. BART.'S *v.* HIGHGATE.

June 19th. Won by Highgate.

ST. BART.'S.

| | 200 yds. | | 500 yds. | | Totals. |
|---|---|---|---|---|---|
| A. S. Petrie | 26 | ... | 31 | ... | 57 |
| W. Jeudwine | 31 | ... | 22 | ... | 53 |
| C. H. Fielding | 24 | ... | 22 | ... | 46 |
| P. A. Dingle | 25 | ... | 20 | ... | 45 |
| G. E. Pratt | 21 | ... | 21 | ... | 42 |
| T. W. H. Burne | 22 | ... | 20 | ... | 42 |
| | | | Total | | 285 |

HIGHGATE.

| | | | | | |
|---|---|---|---|---|---|
| Private R. R. Prentice | 29 | ... | 25 | ... | 54 |
| Sergeant Pocock | 27 | ... | 26 | ... | 53 |
| Private Wilcox | 27 | ... | 26 | ... | 53 |
| Private Hemp | 27 | ... | 25 | ... | 52 |
| Sergeant Hetherington | 30 | ... | 21 | ... | 51 |
| Corporal Sharpe | 29 | ... | 21 | ... | 50 |
| | | | Total | | 313 |

ST. BART.'S *v.* WHITGIFT GRAMMAR SCHOOL.

June 12th. Won by St. Bart.'s.

ST. BART.'S.

| | | | | | |
|---|---|---|---|---|---|
| J. Morris | 33 | ... | 30 | ... | 63 |
| R. A. Fuller | 31 | ... | 30 | ... | 61 |
| D. Finigan | 29 | ... | 26 | ... | 55 |
| A. C. Brown | 25 | ... | 25 | ... | 50 |
| P. A. Dingle | 24 | ... | 25 | ... | 49 |
| T. W. H. Burne | 25 | ... | 25 | ... | 50 |
| | | | Total | | 328 |

WHITGIFT.

| | | | | | |
|---|---|---|---|---|---|
| Lieutenant Smith | 28 | ... | 30 | ... | 58 |
| Sergeant Becker | 28 | ... | 29 | ... | 57 |
| Private Odden | 30 | ... | 26 | ... | 56 |
| Corporal Hodson | 23 | ... | 28 | ... | 51 |
| Private Edridge | 21 | ... | 29 | ... | 50 |
| Private Sparrow | 24 | ... | 23 | ... | 47 |
| | | | Total | | 319 |

# Reviews.

MODERN SURGERY, GENERAL AND OPERATIVE, by JOHN CHALMERS DACOSTA, M.D., Professor of the Principles of Surgery, Jefferson Medical College, Philadelphia. 493 Illustrations, some coloured. Third edition, revised and enlarged. (London: W. B. Saunders and Company, 1900. Pp. 1117.)

This volume is the third and revised edition of a surgical handbook which is better known in America than in England.

The title of the book scarcely corresponds to its contents, since in addition to dealing with surgery, general and operative, a considerable portion of the work is devoted to "Special or Regional Surgery."

The latter portion of the subject is dealt with in a somewhat incomplete manner, and in our opinion ought either to have been left out altogether or to have been treated in more detail. The "general and operative" parts are better, but even these cannot be said to be quite "modern" and up to date.

The clinical descriptions are often defective, and do not afford sufficient assistance to the student. Thus on page 19, in connection with actinomycosis, the author says, "a tumour forms, which contains sero-pus, and after a time ruptures and discharges matter containing nodules composed of fungi," when he ought to have clearly stated that the tumour contains matter which is thick mucoid pus, with a characteristic odour, somewhat resembling dilute sulphuretted hydrogen, and small round or ovoid granules about the size of a pin's head of a bright yellow colour, or in rare cases grey or black, which on microscopical examination show the structures of the ray fungus.

When discussing "antiseptics," a distinction is drawn between an antiseptic, which is an agent which retards or prevents putrefaction; and a germicide or disinfectant, an agent which is fatal to bacteria. In this section a number of details are given concerning different antiseptics, etc., but sufficient stress is not laid on the results of the author's own practice, or the principles which he himself recommends. Thus, on one page it is stated that "carbolic acid is a valuable germicide in the strength 1·40 to 1·20. It is certainly fatal to pus-organisms, but weak solutions do not destroy spores," whilst on the next page it is maintained that "carbolic acid is certainly fatal to but few bacteria, and it fails to kill most spores."

When discussing the preparations for an operation, the author recommends "if an operation is to be performed *within the mouth*, old snags and carious teeth should be removed." No consideration is given to the nature of the operation or the character of disease, simply the hard and fast rule given above.

The illustrations are in most instances taken from other works on surgery, thus in the operative part we find the well-known plates of Bernard and Kocher.

After carefully reading through this work we cannot conscientiously recommend it to students of Surgery, on account of the lax and incomplete manner in which some of the subjects are dealt with, and also owing to the fact that it does not teach the subject of Surgery in the "modern" manner to which we are accustomed at St. Bartholomew's.

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A TEXT-BOOK OF DISEASES OF WOMEN. By H. J. GARRIGUES, A.H., M.D. (W. B. Saunders and Co., Philadelphia.)

The third edition of this work contains much that is worthy of the highest commendation expressed in a bald and unconvincing style. Its clinical teaching is conveyed in a dogmatic fashion which can only prove misleading to students and raise feelings of doubt in its trustworthiness in the minds of experienced practitioners. We quote as an example of this shortcoming the whole of Chapter VI in Part VII, which deals with the subject of Metrorrhagia in the following single terse sentence:—"Metrorrhagia is a profuse uterine hæmorrhage occurring at another time than the menstrual flow. Its causes, symptoms, and treatment are essentially the same as those of menorrhagia, just described, with the exception that this flow, being entirely abnormal, need not be allowed, and may therefore be treated from the beginning, unless the bleeding has a beneficial influence on some diseased condition—*e.g.* pelvic inflammation." Seeing that this definition of menorrhagia will include anything from placenta prævia to post-partum hæmorrhage, it is clear that the shortness of the chapter proves its only merit. Throughout the book indeed the definitions are slovenly, the factor of clinical observation wanting, and dogmatic inaccuracies obtrusively insisted on.

The whole subject of extra-uterine pregnancy is dismissed in the following lucid description:—"*Extra-uterine pregnancy* gives the signs of pregnancy. A tumour is felt either independent of the uterus or attached to it. The patient has attacks of sudden violent pelvic pain. Sometimes there is a bloody discharge from the uterus containing decidual shreds." Either the subject has no place in a work on gynæcology, or it was worthy of something better than this; it was, however, a relief to find that no attempt is made to grapple with the treatment of the condition.

Dysmenorrhœa on the other hand forms an attractive subject for treatment; after a brief and lifeless description of the symptoms, giving due prominence to its common causes, viz., "an intra-uterine polypus playing the part of a ball valve," and anteflexion "which especially predisposes to dysmenorrhœa,"—the whole wealth of a fertile imagination is poured out in recommending innumerable vaginal and intra-uterine applications—followed by a veritable catalogue of pessaries and dilators. The author's moderation in his prognosis strikes the reader as an ironical assumption of humility when he says that "in most cases we may promise relief, if not a cure.

By the time displacements of the uterus is reached, the reader, if he has persisted so far, is not surprised at anything he may find, but the unconscious humour of the chapter is ample repayment for the trouble involved. Anteversion is said to be due to various inflammations of different pelvic tissues or to deficient development of the vaginal portion of the uterus. After the subject of displacements has been fully discussed, it becomes obvious that the presence of the uterus inside the pelvis at all is a pathological or at least develop-

mental abnormality. But the author may be relied on for unbounded resource in the matter of treatment as usual.

It is a relief to find that the technique of operating is somewhat more agreeably dealt with; for although many of the operations described are worse than useless, yet the operative measures, as a whole, are carefully detailed. The illustrations are profuse and well executed.

In conclusion, it is not easy to see what good purpose the book can serve; there have been medical writers whose literary attainments were high, their observations sound, and their methods worthy of imitation.

## Calendar.

Duties for August, 1901.

Aug. 2.—Dr. Gee and Mr. Langton.
„ 6.—Sir Dyce Duckworth and Mr. Marsh.
„ 9.—Dr. Hensley and Mr. Butlin.
„ 13.—Sir Lauder Brunton and Mr. Walsham.
„ 16.—Sir William Church and Mr. Willett.
„ 20.—Dr. Gee and Mr. Langton.
„ 23.—Sir Dyce Duckworth and Mr. Marsh.
„ 27.—Dr. Hensley and Mr. Butlin.
„ 30.—Sir Lauder Brunton and Mr. Walsham.

## Examinations.

UNIVERSITY OF OXFORD.

*Materia Medica and Pharmacy.*—G. E. Barry, R. H. Sankey.
*Anatomy and Physiology.*—E. H. White.
*Final M.B. Examinations.*—R. H. Bremridge, T. E. C. Cole, L. J. Picton.

UNIVERSITY OF LONDON.

*Intermediate Examination in Medicine.*

*Honours List.*—E. E. Maples, Gold Medal and First Class Honours in Anatomy, First Class Honours in Materia Medica and Pharmaceutical Chemistry, Second Class Honours in Organic Chemistry. K. S. Wise, Second Class Honours in Physiology and Histology, Third Class Honours in Organic Chemistry.

*Pass List.—Entire Examination.*

*First Division.*—J. G. Atkinson, S. M. Lawrence, W. C. Pickering, A. H. Pinder, H. W. Wilson.
*Second Division.*—T. Bates, H. Finzel, S. M. Hebblethwaite, C. R. Keed, E. G. D. Milsom, E. F. Travers, A. D. White.
*Excluding Physiology—First Division.*—J. M. Plews.
*Second Division.*—C. N. Davis.
*Physiology only—Second Division.*—W. C. F. Harland, H. B. Hill, A. R. Neligan.

*Conjoint Board.*

*Anatomy and Physiology.*—F. E. Whitehead, J. E. L. A. Turnley, H. B. Scott, H. H. Rolfe, F. M. Newton, E. B. Lathbury, A. M. A. James, C. D. M. Holbrooke, W. S. Edmond, C. W. O'Brien, A. F. C. Pollard, A. D. White, A. H. Muirhead, H. M. Huggins, B. N. Ash.

## Junior Staff Appointments.

THE following nominations have been to-day made for Junior Staff appointments:

HOUSE PHYSICIANS—October 1901.

| | |
|---|---|
| Sir William Church. | J. C. Sale. |
| Dr. Gee. | E. M. Niall. |
| Sir Dyce Duckworth. | L. J. Picton. |
| Dr. Hensley. | H. Whitwell. |
| Sir Lauder Brunton. | A. Croft Hill. |

HOUSE SURGEONS.—October, 1901. April, 1902.

| | | |
|---|---|---|
| Mr. Willett - - | E. H. Hunt ..... | R. H. R. Whitaker. |
| Mr. Langton- - | F. E. Murray ..... | A. J. Fairlie-Clarke. |
| Mr. Marsh - - | J. D. Hartley .. ... | H. Walker. |
| Mr. Butlin - - | S. R. Scott..... | J. F. Jennings. |
| Mr. Walsham - | A. W. Izard ..... | H. B. Butler. |

| | | |
|---|---|---|
| Intern..... | October, 1901 ..... | F. A. Rose. |
| Extern. ..... | October, 1901 ..... | W. T. Rowe. |
| „ ..... | January, 1902 ... . ... | R. C. Elmslie. |

## Appointments.

BEAUMONT, N. C., M.R.C.S., L.R.C.P., appointed Junior House Surgeon to the Royal Hospital, Portsmouth.

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DONALDSON-SIM E., M.R.C.S., L.R.C.P., appointed House Surgeon to the Hertford Infirmary.

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BULL, G. V., M.B., B.C., appointed House Surgeon to the Children's Hospital, Great Ormond Street, W.C.

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SMITH, T. RUDOLPH, appointed Honorary Surgeon to the Stockton and Thornaby Hospital.

## New Addresses.

COLLINGS, D. W., Ryde House, Woking.

GRAHAM, Charles H., Wellington, New South Wales, Australia.

SARGANT, W. E., 1 Devonshire Villas, Bowes Park, N.

SUGDEN, D'ARCY, Buckfastleigh, Devon.

WILLIAMSON, J., Homeleigh, Heathcote Road, Epsom.

## Births.

JOY.—On July 3rd, at Bradfield, Berks, the wife of N. H. Joy, M.R.C.S., L.R.C.P., of a daughter.

SCORER.—On July 7th, at Maplestead, Old Christchurch Road, Bournemouth, the wife of Frank Scorer, of a son.

WYNDHAM.—On June 27th, at Croft Lodge, Goring-on-Thames, Winifred, wife of T. Lancelot Wyndham, L.R.C.S., L.R.C.P., of Bromley, Kent, of a daughter.